APPLICATION DATA SHEET

Application Information

Application Number::	NOT YET ASSIGNED
Filing Date::	July 1, 2003
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CFR)?:: Number of Copies of CFR::	
Title::	DEVICE FOR TRANSPORTING A HORIZONTAL STACK POSITIONED ON A SUPPORT AND FORMED IN A GATHERING MACHINE WITH UPRIGHT, LINED-UP SIGNATURES
Attorney Docket Number::	40424-189157
Request for Early Publication?::	
Request for Non-Publication?::	
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	
Latin Name::	
Variety Denomination Name::	
Petition Included?::	
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	

Secrecy Order in Parent Appl.::

Applicant Information

Applicant Authority Typ:: Inventor **Primary Citizenship::** SWITZERLAND **SWITZERLAND** Country:: Status:: **Full Capacity** Given Name:: Christof Middle Name:: Family Name:: KELLER Name Suffix:: City of Residence:: Zofingen State or Province of Residence:: **Country of Residence::** Switzerland Henzmannstrasse 17 **Street of Mailing Address:: City of Mailing Address::** Zofingen State or Province of Mailing Address:: **Country of Mailing Address::** Switzerland Postal or Zip Code of Mailing CH-4800 Address:: **Applicant Authority Type::** Inventor **Primary Citizenship::** Country:: Status:: **Full Capacity** Given Name:: Middle Name:: Family Name:: Name Suffix:: City of Residence:: State or Province of Residence:: **Country of Residence:: Street of Mailing Address::**

City of Mailing Address::	
State or Province of Mailing Address:: Country of Mailing Address::	
Postal or Zip Code of Mailing Address::	
Applicant Authority Type::	Inventor
Primary Citizenship::	
Country::	
Status::	Full Capacity
Given Name::	
Middle Name::	
Family Name::	
Name Suffix::	
City of Residence::	
State or Province of Residence::	
Country of Residence::	
Street of Mailing Address::	
City of Mailing Address::	
State or Province of Mailing Address:: Country of Mailing Address::	
Postal or Zip Code of Mailing Address::	
Applicant Authority Type::	Inventor
Primary Citizenship::	
Country::	
Status::	Full Capacity
Given Name::	
Middle Name::	
Family Name::	

Name Suffix::					
City of Residence::					
State or Province of I	Residence::				
Country of Residence	e::				
Street of Mailing Add	ress::				
City of Mailing Addre	ss::				
State or Province of I Address:: Country of Mailing A					
Postal or Zip Code of Address::	f Mailing				
Correspondence I	nformation				
Correspondence Customer Number:: Phone Number:: Fax Number::		6694			
		(202) 962-4800			
		(202) 962-8300			
E-Mail Address::					
Representative Int	formation				
Representative Custo Number::	omer 2	6694			
Domestic Priority	Information				
Application::	Continuity Typ		Parent Application::	Parent Filing Date::	
	Continuation of	of			
	Continuation of	of			
	Continuation of	of			
	Continuation of	of			

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Europe	02405554.3	July 2, 2002	YES

Assignee Information

Assignee Name:: MÜLLER MARTINI HOLDING AG

Street of Mailing Address:: Sonnenbergstrasse 13

City of Mailing Address:: Hergiswil

State or Province of Mailing

Address::

Country of Mailing Address:: Switzerland

Postal or Zip Code of Mailing

Address::

CH-6052